

The Importance of Sex Education for Autistic Adolescents

by

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Abstract

Adolescence could arguably be one of the toughest times one has in their life. It is the period before one becomes an adult. Adolescents are going through puberty, creating strong friendships, seeing where they fit in in the world, and testing out romantic relationships. They are taking in knowledge from people around them and media. Sex education is one of the most important things one can learn as an adolescent. Sex education provides the knowledge and skills one needs to make informed decisions about sex and relationships. While it can be an overwhelming period for a neurotypical adolescent, imagine what it might be like for an autistic adolescent. Autistic adolescents do not all learn and take in information the same ways that their neurotypical peers do. Sex education may need to look different for these individuals. This capstone will discuss these issues and highlight the importance of having a diverse range of teaching tools when it comes to educating autistic adolescents on sex.

Keywords: adolescent, asexual, autistic adolescents, autism spectrum disorder (ASD), consent, neurodiverse, neurotypical, sexuality

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Chapter 1: Introduction

Sexual health is an important part of everyone's health and development. In adolescence, learning about sexual health and about how to navigate romantic relationships can be confusing and complex. Thinking about sex or wanting to be in a relationship is a normal part of development for all adolescents including those with ASD. Adolescents deserve to be educated about sexual health and about romantic relationships in a way that is effective and meaningful and autistic adolescents are no exception. Currently, however there seems to be no systematic approach to sex education for adolescents in Canada in general (Davies et al., 2021). Further, the sex education that currently exists seems to focus on neurotypical adolescents and lack sufficient teaching tools and information for autistic students (Davies et al., 2021). This is concerning for several reasons.

First, although autistic adolescents may experience puberty-related changes and sexual development similarly to their neurotypical peers, they may require other supports and approaches to education to understand and navigate these changes effectively (Davies et al., 2021). Second, autistic individuals, including adolescents, may be at an increased risk of experiencing abuse or exploitation (Sex Information and Education Council of Canada, 2015). Factors such as challenges with social communication, difficulty recognizing boundaries, and limited understanding of social cues can make them more vulnerable. It highlights the importance of teaching personal safety, consent, and recognizing abusive behaviors (Davies et al., 2021). Third, autistic adolescents may encounter challenges in forming and maintaining relationships due to difficulties with social skills and understanding social nuances. This can impact their ability to engage in healthy and fulfilling romantic or sexual relationships (Cheak-Zamora, 2019, as cited in Davies et al., 2021). Overall, autistic individuals often receive

inadequate sexual health education compared to their neurotypical peers. This knowledge gap can contribute to difficulties in understanding sexual relationships, consent, and sexual health practices.

If 1 in 50 Canadian children and youth aged 1 to 17 years have autism spectrum disorder (Public Health Agency of Canada, 2022), then sex education needs to be reworked to be inclusive for this population. Autistic adolescents deserve the right to be adequately educated on sex education, in a safe supportive environment, that is inclusive of their learning needs. In this capstone, I will explore the importance of sexual education for autistic adolescents. This exploration will include unpacking the research on sexuality, sexual education, romantic relationships, social navigation, the medical model versus the neurodiversity movement, and current tools to help educate and learn autistic youth.

Purpose Statement

In this capstone I will be unpacking and discussing the importance of sex education for autistic adolescents and recognizing the importance of autistic voices. There seems to be a gap in the literature when it comes to hearing the opinions of autistic voices and their thoughts and feelings around how sex education is currently being implemented. There is a need to hear their voices and opinions on the topic and this aim of this capstone is to explore how caregivers and educators can better support them.

- How can autistic adolescents be better supported and educated around sex health?
 - What are the current methods, approaches, and influences within this area?
 - What are the issues and challenges specific to neurodiverse adolescents and how are these needs currently being considered and addressed?
 - What are the main gaps around sexual health education for autistic adolescents?

- What can be done to address the current state of education around sexual health for autistic adolescents?

Contribution to the Field

The aim of this capstone is to shine a light on the current system of education around sexual health for autistic adolescents. As such it may be beneficial for parents, families, caregivers, teachers, people who design sex education programs, and counsellors. Understanding and supporting autistic adolescents in the effective ways has the capacity to influence future life experiences. Adolescents may not feel comfortable talking to their parents about this topic and might feel safer speaking to a counsellor or one of their teachers. Therefore, it is important for professionals working with this population to be educated on this subject. It is also important to be aware that some autistic adolescents may struggle with understanding information regarding romantic relationships and may need alternative ways to learn about it.

There is a need more inclusive approaches to sex education for autistic adolescents. I have learned this through working with numerous autistic children and youth. I have found that some have benefited from me drawing pictures of what things mean. Some are visual learners so this style may help as might a video or role play. One highly effective approach is creating social stories that involve social narratives and photographs to help adolescents understand a specific social situation (Graetz et al., 2009). At my work, we create social stories to help our kids understand more clearly and to help ease their anxieties. I believe that if they have a chance to go over a social story a few times then they will feel more confident and understand more clearly than if you just spoke words. I think there are many ways that we can help autistic adolescents to learn about sex and romantic relationships. I will be exploring the importance of this topic, what is currently being researched, and what still needs to be done.

Reflexivity and Positionality Statement

It is important for me to locate myself as an able-bodied, Caucasian, cis-gendered, female, neurotypical individual. I recognize that I have privilege. I have gone through life understanding things about sex education with little to no issues. I grew up in a small town that was predominantly Caucasian. I always felt safe as almost nothing bad ever seemed to happen there. I never had to worry about fitting in or what people might think of me. I played sports, was invited to birthday parties, was invited by friends to sleepovers, and always felt loved and accepted. I understand and know that this is the opposite experience for many people. I was only allowed a computer and cell phone when I was in grade nine. From what I recall, I was too scared to google anything about sex as I was scared my parents would see. I will say that I got absolutely no sex education from either of my parents. If I had questions, I would talk to my friends about it, and we would help each other navigate the tricky age of adolescence. I was also lucky enough to have an older female cousin who I felt very safe with and comfortable enough to ask her any questions I may have had.

I have also been fortunate enough to have gotten the amazing experience of working with autistic children and adolescents, in a highly structured environment, where important education was able to take place. My biggest worry is always when kids get discharged from our unit after about three months. I worry that their caretakers will not be able to provide the type of nurture and education that my workers and I provide for the kids. We only get to train their next placement for a short amount of time. I always hope that we have done enough. If it were not for this job opportunity, I would not have been inspired to write this. This capstone has made me think of my future as a clinical counsellor and how I can support any autistic clients that might grace my practice. It will be important to keep my social location and societal views in mind

when working with autistic clients. I would also want to include their voices as much as possible by working from a person-centered, trauma-informed perspective. I would also want to ask these clients how they feel having a neurotypical counsellor and what their worries might be. I would want to ask how they learn best and what tools might be the most beneficial for them. Creating an open, safe, non-judgemental environment will be my number one priority.

This topic is important to me because I have been working with children and youth with ASD for nearly seven years now. I am lucky enough to get to spend lots of time with them as they live at my place of work for an average stay of three months. In my experience, many of these adolescents have not been talked to about sex, identity, relationships, dating, or anything that has to do with being romantically involved with someone. I find some autistic adolescents say whatever is on their mind and do not get embarrassed when asking questions that neurotypical adolescents might be too embarrassed to ask. This is an age where adolescents are going through puberty. They might start having desires and being curious about the opposite or same sex. It can be a confusing time in an adolescent's life, and I believe those with an ASD diagnosis deserve to have proper supports in place that help them navigate this confusing time.

I have seen first-hand the negative effects that the lack of education has had on some. My place of work is unique in the fact that we get kids from all over British Columbia who have not been able to thrive at their resources. These resources typically include group homes and foster care. We are somewhat known to be the last resort for some clients. I have privileged access to their histories and have discovered that some clients have gotten in trouble for touching other adolescents inappropriately, saying and asking sexual questions to others their age or younger, and unfortunately some have initiated sexual intercourse without consent. I feel there is a big lack of education happening towards autistic adolescents, as people might assume that a young

person who is autistic, might not be interested in dating or be capable of having sexual feelings towards others.

Definition of Terms

Adolescence (adolescent)

A developmental period in a person's life between puberty and legal adulthood (Costello et al., 2011).

Asexual

Not having any sexual feelings, attraction, or desires towards another person (Davies et al., 2021).

Autism Spectrum Disorder (ASD)

The primary diagnosis for individuals presenting with social communication deficits. This disorder can cause significant communication, social, and behavioral challenges and lead to restricted interests and repetitive behaviours (American Psychiatric Association, 2013).

Consent

One's voluntary, conscious, sober, and willingness to engage in a particular sexual behaviour with someone within a particular context (Willis & Jozkowski, 2019).

Neurodiverse

People with cognitive, neurological, or behavioural differences (Kapp et al., 2013).

Neurotypical

People who do not have any autistic or other neurological issues and having typical development and functioning (Smith et al., 2021).

Sexuality

A set of behaviours that involve emotional, social, and physical interactions, including but not limited to sexual intercourse (Bruess & Schroeder, 2018).

Outline of Capstone Project Chapters

In chapter two, my literature review explores what autism spectrum disorder is, the struggles and changes that are happening in adolescence, what romantic relationships may look like in adolescence to autistic and neurotypical adolescents, what sexuality might look like, the medical model versus the neurodiversity movement, sexual education and the lack of sexual education, social navigation, parental/caregiver concerns, and the current approaches that are being used to teach sex education.

In chapter three, I will be discussing future directions and teaching tools that may be beneficial in the learning process for autistic adolescents around sexual education. I will also be discussing how people can better educate and support parents in this matter and what other systems could be doing better. I will then discuss what my hopes are for the future regarding sex education and autistic adolescents.

Chapter 2: Literature Review

This chapter will examine and review current literature pertaining to sex education for autistic adolescents. It will discuss the developmental period of adolescence and navigating this period with autism spectrum disorder. This chapter also looks at how romantic relationships and sexuality are viewed during this period. The neurodiversity movement will be highlighted along with parent concerns, the lack of sex education, and how sex education is currently being implemented and how.

Adolescence and Autism Spectrum Disorder

Autism spectrum disorder, or ASD, is a disorder caused by developmental and neurological differences in the brain (American Psychiatric Association, 2013). Autistic adolescents tend to struggle more with the major changes that happen in their lives during adolescence and can require more attention to better understand all these changes. Some autistic adolescents struggle to make and maintain friendships. This difficulty may relate to the challenges of initiating social interactions and in expressing or showing any emotions (American Psychiatric Association, 2013). According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM5), the criterion for ASD includes having persistent deficits in social communication and interactions (American Psychiatric Association, 2013). This includes deficits in social-emotional reciprocity and nonverbal communicative behaviours. Another criterion related to major deficits is in developing, understanding, and maintaining relationships. Part B of the criteria listed in the DSM-5 indicates that individuals must also exhibit at least two restricted, repetitive patterns of behaviour, activities, or interests (American Psychiatric Association, 2013). The symptoms often show up in childhood and limit daily functioning of the individual. It is important to note that there are many differing levels of this disorder and people

with ASD are thought to be on a spectrum. Many autistic adolescents also have intellectual or language impairments, and some have both (American Psychiatric Association, 2013).

Additionally, some can struggle with motor skills, self-injury, depression, and anxiety.

Adolescence can already be a difficult time for individuals. Adding an autism diagnosis to this developmental period can make for an even more challenging time. The stage of adolescent human development occurs between the ages of 10 to 19. It could be assumed that during this period bodies are changing, and hormones are constantly fluctuating. Values and beliefs, along with sexuality, are starting to form. Adolescents in general, both neurotypical and neurodiverse, are taking in knowledge and information through parents, peers, teachers, and media while learning how to navigate this period (Chan & John, 2012). During this developmental period cognitive, social, physical, and emotional development are occurring quite quickly (Corona et al., 2015). These years are crucial for exploration and learning around creating friendship bonds, testing out romantic relationships, and figuring out where they fit in.

Next, I will be discussing romantic relationships and what they involve. I will be talking about some positives and negatives that may come along with romantic relationships. These relationships don't seem to be black and white, there seems to be many grey areas and it is important for autistic adolescents to understand these.

Romantic Relationships

Romantic relationships can mean many different things to people. To some, a romantic relationship involves partners sharing affection, intimacy, and sometimes love. Being involved in a romantic relationship can leave people feeling more satisfied with their life, happier, have a greater positive affect, better self-esteem, and it can lead to fewer mental health issues (Gómez-López et al., 2019). Partners share a connection with each other and spend time doing things to

build this connection. In adolescence this can also look different for different people. Some may be looking for a longer-term relationship and being exclusive and some may be interested in exploring more casual connections in their romantic relationships. A romantic relationship could look as simple as going to the movies and holding hands. It could also look like having sex for the first time. Being involved in a romantic relationship as an adolescent can be beneficial for identity development, sexual development, becoming more independent, and forming closer relationship with their friends (Gonzalez Avilés Tita et al., 2021). Romantic relationships during adolescence can be a helpful part of development and can have many positives.

There are many benefits to having romantic relationships that happen during adolescence. One study by Chow et al. (2015) examined neurotypical adolescents and the associations between friendships, romantic relationships, and psychological distress during this period. Data from this study came from 53, grade 12 female-identifying adolescents along with their parents and a same-sex best friend. The results showed that there is a lot of potential for therapeutic benefits from having positive friendships and romantic relationships. Those results indicated that by having these secure experiences, with at least one romantic partner or friend, can help to keep loneliness and depression at bay. When examining these results, it makes it clear that having at least one friend, or romantic partner, could be beneficial for autistic adolescents. With all these positives in mind, there leaves room to discuss some negatives of romantic relationships in adolescence.

According to Chow et al. (2015), psychological distress is progressively climbing during adolescence. Authors examined whether friendships and romantic relationships predicted loneliness and depression. They also examined to see if close friendships moderated the negative effects of lower degrees of romantic involvement and security on loneliness and depression in

late adolescence (Chow et al., 2015). For some, a romantic relationship in adolescence can end in heart break. Since this is a time where the body is developing rapidly, hormones are causing some adolescents to have big emotional reactions and feelings. Going through a break-up or having been cheated on at this age can make one feel like their world is over. These events can lead to a depressed mood, and anxiety leading up to any new relationships.

Many neurotypical adolescents would go to friends for support during breakups or even the happy moments in relationships to get support and advice. For autistic adolescents who may not have many peers, this could be hard to talk about as they might not know how to express their emotions to people they trust. It's a complicated time in one's life and all adolescents are trying to figure this period out.

Sexuality in Adolescence

Adolescents are changing emotionally, physically, and cognitively during this time. Further, adolescent sexuality is changing, and adolescents seem to be maturing earlier these days (Tulluch & Kaufman, 2013). Adolescents are changing emotionally, physically, and cognitively during this time. They are beginning to explore their sexual interests, desires, sexual orientations, gender identities, and more. All adolescents are going through puberty and are beginning to experience new sensations and desires. This is a period where adolescents are exploring and learning about themselves and who and what they are attracted to.

Sexual attraction and behaviours are different across cultures and depend on many different factors which include sexual norms and how these are measured (May et al., 2017). In western society, sexuality is expressed in many ways. It is how a person chooses to express themselves. They can express their sexuality by how they dress, talk, believe, write about, touch,

and more. Sexuality can be a big part of who people are. It seems like adolescents often start to express themselves by seeking out attention, affection, and intimacy.

Most autistic adolescents have and will experience sexual interest, desire romantic relationships, and will enter a sexual relationship (May et al., 2017). In the past, people with ASD have been viewed as unaware of their sexuality or not interested in intimacy, and some perspectives suggested they might use relationships to fulfill their own needs (Sullivan & Caterino, 2008). Indeed, in earlier research on ASD, autistic adolescents have been viewed as asexual and it has been suggested that they must not have sexual feelings or desires to have romantic relationships compared to their neurotypical peers (Davies et al., 2021). Newer research, however, shows that autistic adolescents do have a high rate of sexual behaviour and are interested in romantic relationships (Davies et al., 2021). More contemporary perspectives recognize that just because an adolescent has an ASD diagnosis does not mean that they are not developing at a fast rate like their neurotypical peers (Davies et al., 2021). Indeed, autistic adolescents go through normal physical development. Through this development, comes the arrival of secondary sex characteristics at puberty. Their sexual urges and emotional changes may be prolonged (Sullivan & Caterino, 2008). Caregivers have reported interests in sexuality and the presence of sexual behaviour like masturbating, kissing other people, and having close physical relationships (Corona et al., 2015). These are all normal urges that a developing adolescent would experience.

Although there are some differences when it comes to psychosexual functioning and autistic adolescents compared to neurotypical developing adolescents, there seems to be more similarities than differences. Dekker et al. (2017) conducted a study that used their own measure of a teen transition inventory parent and self-report questionnaire to compare psychosexual

functioning of autistic adolescents to neurotypically developing adolescents. When comparing results of autistic adolescents and neurotypically developing adolescents, they found no significant differences when looking at the self-report results on sexual/intimate functioning. Results also showed more challenges with psychosexual selfhood and socialization in the autistic group. These challenges included poorer self-esteem, social acceptance, social skills, dealing with boundaries, less psychosexual knowledge, and less social competence (Dekker et al., 2017). These challenges seem to make sense as many autistic adolescents struggle with social skills.

Dekker et al.'s (2017) study mainly focused on the informant discrepancies between neurotypical and neurodiverse adolescents in the report. However, they also explored parental perceptions and found there were major differences when they looked at the parent self-report. Some differences that parents of the autistic adolescents reported included their child had less sexual behaviour than the neurotypical adolescent parents, their adolescents were poorer in adequately being able to deal with boundaries, and that their autistic adolescents had significantly less psychosexual knowledge than neurotypical adolescents. It seems that this is an age where there is more conflict between adolescents and their parents. With that assumption in mind, one could presume that this could lead to adolescent's not sharing as much with their parents, which then might have led to differing answers on the self-versus parent questionnaires. Research shows that there are participant discrepancies, when it comes to psychosexual functioning, and that they are normally larger between autistic adolescents and their caregivers compared to neurotypical adolescents and their caregivers (Dekker et al., 2017). It is also important to recognize that many studies exploring sexuality in autistic adolescents that have been done have used the voices from the parents of autistic adolescents as opposed to the adolescents themselves. Dekker et al.'s study is important in this regard as it explores the voices

of autistic adolescents as the central consideration. More research is beginning to emerge that explore the perspective of autistic youth in this area.

To further address the limited data from autistic adolescent's perspectives on sexuality, Joyal et al. (2021) conducted an exploratory study where they asked these individuals about their sexual knowledge, experience, challenges, and desires. This study consisted of 172 adolescents and young adults with and without ASD. 68 participants were autistic (41 boys and 27 girls) and 104 participants were neurotypical (29 boys and 75 girls). They participated in this study by answering survey questions. The results showed more similarities between the two groups than differences in the desires section, less people (mostly autistic boys) had experience with sexual behaviours. About half of the autistic girl participants had given an account of negative sexual experiences. Autistic participants reported struggling to understand sexual education. Another major finding was that many autistic individuals did not identify with their assigned gender compared to their neurotypical peers (Joyal et al., 2021). Joyal et al. posit that neurological factors in autistic adolescents may lead to greater openness. This is important as it relates to this capstone because I have experienced this openness when it comes to gender, with some autistic adolescents, at my workplace.

Dekker et al.'s, (2017) and Joyal et al.'s (2021) approach seem to reflect a shift in the field of research around autism as both studies included autistic individuals within their participant pools. Interestingly, it seems other studies have based answers off the parents' experiences and thoughts about their children. Although this information may be important, as many parents do know their children quite well, the issue is that the results are from the parents' perspectives only and as such are limited. For example, it is unclear if parents are representing their child's experience or simply guessing or assuming answers to questions without asking

their child. It seems that more studies with autistic adolescent's opinions would be valuable and provide a clearer picture.

More and more research is emerging that considers the experience of autistic adolescents and these findings are providing a more comprehensive understanding in the area of sexual health and development. One major finding from McNaughtan's (2017) study was that students with ASD were less likely to have gone on a date, despite having the same desire to as their neurotypical peers. There may be a few possible explanations for this. Autistic adolescents may lack the social skills or protocols for how to ask someone out on a date (McNaughtan, 2017). Perhaps some may have tried and potentially were rejected due to communications barriers. Another consideration is that as adolescents is a time where groups or cliques are forming, and they are learning from one another, it could be assumed that some neurotypical peers make fun of, or bully autistic adolescents, and this impact could deter an autistic adolescent from even wanting to attempt to ask someone out on a date.

Another interesting finding that emerged from McNaughton's (2017) work related to who adolescents indicated they would talk to about their crush. The ASD teens declared that many would tell their parents and some their teachers about their crush whereas the neurotypical group all said they would not tell either. This could lead to autistic adolescents following the advice of an adult when it comes to anything to do with their crush. It seems that a neurotypical adolescent may prefer to listen to their friend's advice or follow their own judgements, whereas an autistic adolescent might follow the advice of an adult when it comes to their crush. These difference sources of guidance could influence steps taken and how future relationships pan out. For example, autistic adolescents could be discouraged by the adults in their life to explore their urges. There could also be benefits too; autistic adolescents may get helpful guidance from

adults. They could talk to a safe adult who could help them explore their feelings about their crush. Sexuality goes beyond the physical component and relies on social and emotional abilities of autistic adolescents (Stanojević et al., 2020). These components influence appropriate sexual behaviours and how people connect with one another.

Adolescence can be a hard and exciting time. The body is going through many changes and this age group is starting to explore romantic relationships. Adolescents are going to different supports for guidance during this period. It seems like some autistic adolescents may be struggling with how to take steps to engage in a romantic relationship. Impairments related to social skills make it difficult for autistic adolescents to navigate complex issues around social and/or sexual situations (Wolfe et al., 2009). Additionally, and of further consideration around sexuality and autistic adolescents, is that North American society may still be functioning in a medical model mindset. This means that autism is still perceived by many as having a disability. The next section will go into more detail about this.

Medical Model Versus Neurodiversity Movement

The differences between the medical model's view of ASD versus the neurodiversity movement are important to consider for this capstone. As mentioned in chapter one, it seems that an ableist society will view people with ASD as less superior than neurotypical people. It seems that individuals with ASD are still being labelled as high-functioning or low-functioning by some. The medical model seems to leave out reasons for behaviours and society's role in determining what appropriate behaviours are and instead desires to normalize, reduce symptoms, and eliminate conditions (American Psychiatric Association, 2000; Baker, 2013). It seems that some people, who follow the medical model, view ASD as a disease and something that needs to be cured or fixed (Kapp et al., 2013). Some parents are also using the covid epidemic as a reason

for an ASD diagnosis in their children and are blaming toxins as the number of ASD diagnoses are rising. They are trying to treat ASD as a public health crisis (Baker, 2013). The medical model sees ASD as a disability and as a medical problem that interferes with “normal” functioning (Shyman, 2016). This view is problematic as it makes people feel like they need to be “normal” or “more able” to fit into society.

The medical model does not seem to accept or value autistic people. The neurodiversity movement has been emerging. It seems that through a social model lens, the neurodiversity movement is a self-advocacy movement that aims to accept all people and to embrace and celebrate neurological differences (Kapp et al., 2013). Through this movement, autism is viewed as central to identity and celebrates the brain, which is appealing to autistic people who believe ASD to be a normal part of themselves. (Kapp et al., 2013). This movement can help autistic adolescents feel accepted and appreciated by embracing their behaviours and expressions as normal.

The neurodiversity movement is an important lens related to this capstone as this perspective celebrates and embraces autistic adolescents for who they are. It does not view them as having something wrong with themselves. This way of viewing autistic adolescents, and autistic people in general, is crucial for society to move away from the medical model. The medical model connects ASD with abnormality and from an ableist viewpoint thinks that those who are more able are more includable into mainstream educational environments and greater society (Shyman, 2016). This influences the stance of this capstone that autistic adolescents have all the same desires, urges, and feelings as their neurotypical peers and deserve the proper education to help guide them through this period of adolescence.

The Lack of Sexual Education for Autistic Adolescents

It seems that in western society, there are acceptable and unacceptable behaviours when it comes to engaging in a romantic relationship. It seems our ableist society has standards that seem to discriminate against people with mental health disorders and those with neurodiversity. When it comes to sexual desires and how, when, and where to express them, there are some clear rules around behaviours. For example, it seems some socially appropriate behaviours might include calling a crush on the phone, texting, asking someone out on a date, holding hands in public, making out while watching a movie, masturbating in private, and getting consent before engaging in sexual activities. These are some common appropriate behaviours that seem to be acceptable by much of today's society. Some of these expectations are explicit whereas many are implicit and learned through others and social interactions. To help make expectations explicit, a part of sex education should focus on skill-building and knowledge around interactions with peers and partners (Davies et al., 2021). It seems that these expectations could be confusing if not explicitly explained or discussed with autistic adolescents.

Indeed, for autistic adolescents their behaviour may often be scrutinized when viewed through an ableist lens. When it comes to sexual behaviour of autistic adolescents, it is neurotypically looked at through a problem-based viewpoint and actions that fall outside of the norm deemed as an inappropriate behaviour (Stanojević et al., 2020). Viewed through the lens of neurodiversity, these behaviours would be seen as a lack of evidence-based sex education programming for neurodiverse individuals. This type of programming would help ASD individuals to figure out the relationship between sexual behaviour and sexual socialization.

Risky behaviours are a sign that proper sexual education for autistic adolescents is needed. Autistic adolescents have higher rates of inappropriate sexual behaviour that includes inappropriate sexual gestures, comments, and public masturbation (Beddows & Brooks, 2016). It

seems like many have not been taught how to deal with sexual urges and thoughts as many people often do not see autistic adolescents as sexual beings. Autistic adolescents have unique learning needs and are at risk for sexual behaviour concerns (Warner et al., 2022). If these individuals are not being taught proper sexual education, then they will not know that these things are not socially acceptable. They will also not realize that these behaviours could get them into trouble. Some individuals might see something on television or in the movies and simply repeat what they saw in person without knowing that it is not okay.

Sometimes autistic adolescents may want to find a partner and have a romantic relationship with someone but do not know how to go about doing this. One unacceptable behaviour that might come out of this pursuit is stalking (Chan & John, 2012). Autistic adolescents might not realize that following someone around is not socially acceptable and can be scary to the person they are following. If these adolescents are not being taught the right tools to use when trying to pursue a love interest, it can potentially get them into trouble, and put them and the person they are stalking at risk. These types of inappropriate behaviours can lead to legal trouble for individuals with ASD. The presence of inappropriate social behaviours and lack of much-needed social skills critically affects adolescents with autism (Graetz et al., 2009). It seems unfair that an autistic adolescent should get into trouble for their inappropriate behaviours if they have no clue that what they are doing is inappropriate.

Stanojević et al. (2020) discussed how the complexities of living with ASD can derail an adolescent's opportunity to engage in healthy sexual relationships (2020). Since autistic adolescents do not always have the same social skills and emotional capacity as their neurotypical peers, it can make for a difficult time trying to have a sexual relationship. It can also directly influence appropriate sexual behaviours and how they connect with others (Southard &

Keller, 2009). Social obstructions, like social connection and socialization, are large obstacles for autistic adolescents to get the necessary knowledge from their ecological systems and environment (Stanojević et al., 2020). When these adolescents are not able to navigate these obstacles, this is when inappropriate behaviours may start to appear.

From an ASD perspective, struggles with unregulated emotions, self-image, and social connectedness are some of the characteristics responsible when inappropriate sexual behaviours are evident (Stanojević et al., 2020). Along with characteristics of individuals with ASD such as repetitive behaviours, sensory fascinations, and stereotyped interests can also result in inappropriate behaviours and sometimes abnormal sexual fears, compulsive masturbation, and fixations with sexual references (Hellemans et al., 2007). Inappropriate sexual behaviours are concerning because autistic adolescents' sexual drives are emerging, and they do not always understand social norms and what acceptable sexual behaviours are (Sullivan & Caterino, 2008). Further, they have less learning opportunities since they do not always have friend groups that they are a part of.

Caregivers have reported inappropriate sexual behaviours like deficits in understanding privacy and boundaries, inadequate self-care, and sensory fascinations and repetitive patterns that have to do with sexuality (Corona et al., 2015). For all the reasons above, it is crucial that caregivers learn how to engage with their children on topics that focus on helping them to understand what makes behaviours inappropriate and appropriate. If caregivers do not educate their adolescents to the best of their ability, there could be negative consequences for their children. Further, there is a role for sexual health education in schools and communities to better support neurodiverse individuals through adolescence.

Social Navigation and Autistic Adolescents

As autistic adolescents begin to explore romantic relationships, challenges with communication and social ability can reduce their chance for healthy relationships and can lead to risks for negative sexual experiences (Corona et al., 2015). Consent has been a topic of discussion in current years. Consent is a crucial part of sex education for autistic adolescents who may be more at risk for assault and abuse (SIECCAN, 2015). Consent needs to be a part of sex education and integrated throughout all grades and include adolescents practicing seeking consent, providing consent, and learning the difference between what kinds of touch are acceptable (Davies et al., 2021). In general, it seems more people are speaking out on their negative sexual experiences and that consent was not present. More emphasis has been placed on the explicit nature of obtaining consent and the social navigation in this process is more complex. It is crucial that autistic adolescents are being taught about consent and the repercussions that could happen if consent is not given.

Lack of communication skills and understanding of the consent process can lead to risks. One could assume that some risks could include physical or mental harm, alienation from peers, legal issues, hospital stays, treatment centre admissions, and more. Indeed, there is concern for a high risk of sexual victimization for autistic adolescents (Sullivan & Caterino, 2008). Predators may try to take advantage of autistic adolescents, and autistic adolescents may not recognize that they are in a dangerous situation. Adolescents may not know that something wrong is happening and they might not want to tell anyone after it has happened (Sullivan & Caterino, 2008). This highlights the need for proper sex education.

McNaughtan (2017) conducted a study with autistic teens and neurotypical teens views on romantic relationships. The study examined their views on sexuality and romance with 22 high school students that have ASD aged 14-21 and 20 neurotypical high school students aged

14-18. Every participant completed a self-report questionnaire that had questions about knowledge pertaining to romantic relationships. The results from this study showed large differences between the two groups. It showed that autistic students expressed no less desire to date compared to their neurotypical peers. It also showed that the autistic students had more failure recognizing romantic gestures and an incomplete understanding of consent. When autistic adolescents answered how they could recognize a romantic signal, many picked the option of smiling. They may think that if someone is smiling at them that it means that person is interested in engaging in a romantic relationship with them. However, smiling can be perceived in many ways. This perception by autistic youth could contribute to the risk of victimization.

Victimization is a real concern when it comes to autistic adolescents. The challenges with the correct interpretation of the social nuances of situations around romantic relationships are complex. Another concerning finding from McNaughtan (2017) indicated that autistic students reported the belief that one cannot turn down a date if asked to go on one. Additionally, many also responded that they could not tell anyone about their date (McNaughtan, 2017). This compliance and secrecy are major red flags and could put autistic adolescents in harm's way by first, going on the date and secondly, not telling anyone about who or where they are going or who they are spending time with.

In general, researchers are suggesting that consent is a very important part of sexual education as adolescents can be at risk for sexual abuse (Davies et al., 2021). Davies et al. suggest the concept of consent should be taught as young as preschool. The emphasis of consent from an early age cannot be understated. Learning it every year in school and in different ways provides an opportunity for more concrete understanding by the time of adolescence. This could be beneficial for autistic individuals. Joyal et al. (2021) posit that education should include

discussions of self-respect, intimacy, self-esteem, mutual consent, understanding the intentions of others, and non-verbal and verbal romantic communication. These are all important considerations around education and autistic adolescents.

Further, many autistic adolescents have sensory issues, and it seems that touch can be tricky. Some will need help knowing what type of touch is appropriate and what is not. It could be argued that autistic adolescents are also at risk of being labelled as the perpetrator who may initiate unwanted sexual touches or gestures to others. They may not have gotten consent from the person and could end up in a lot of trouble. This capstone project is important as it sheds light on this need and highlights why it is important to start sexual education and lessons on consent, as young as preschool.

Parental/Caregiver Concerns around Sexuality and ASD

Autistic individuals have the right to express their sexuality. Understanding that autistic people have sexual desires and interests is frequently considered taboo or prohibited by the public (Stanojević et al., 2020). It seems to be overlooked and ignored. Generally, sexual behaviour and health for autistic adolescents has been seen from a medical model perspective (Stanojević et al., 2020). The prevalence of inappropriate public behaviours has made parents and services providers concerned (Sullivan & Caterino, 2008). Some may be feeling overwhelmed with how to best approach their children and how to best educate them. Some may also fear that new information on sexuality and romantic relationships could increase their inappropriate behaviours if they are not educating them properly. Pryde and Jahoda's (2018) study on mothers' experiences of supporting the sexual development of their sons with ASD and an intellectual disability support this idea. Results from their research showed that these mothers wanted to give their sons proper sexual education but feared doing so as they were afraid it could

lead to inappropriate sexual behaviours. It seems that some parents feel that giving their children information on sex could lead to unwanted sexual behaviours. This highlights the importance of parents also being able to have access to information that helps them deliver the education topics to their children.

Social influence could also be a driving force behind parental/caregiver concerns, as noted above; history has shown that autistic adolescents are frequently viewed as a-sexual (Davies et al., 2021). Some parents may also believe this to be true of their child and may not feel the need to talk to them about all the changes they are going through. Parents may have a hard time realizing that their children will come to an age where they will want to explore their sexuality. This may feel overwhelming to some parents.

Since many individuals with ASD are socially marginalized, and have little opportunity to discuss with peers, parents play a critical role in supporting their sexual development (Pryde & Jahoda, 2018). While some parents/caregivers are concerned, many do take on the role of providing their adolescents with information and skills on how to navigate romance and sex (McNaughtan, 2017). These parents take the time to learn how to educate their children and do in the best way that they know how. Educating either ASD or neurotypical adolescents can be a challenging task for parents/caregivers. Many adolescents get embarrassed and may not want to hear what their parents have to say. It is important parents find ways to engage their adolescents on this important topic and have access to resources that support them in this endeavour.

Sexual Education

Adolescents are learning and getting their information on sex from school, peers, television, social media, movies, counsellors, siblings, parents, caregivers, and other family members. Although autistic adolescents may be getting information from all these different

sources, and as mentioned earlier it seems that one of their biggest sources of information is their parents or caregivers. The importance of sexual education at this age is crucial. Sexual education should be a broad learning experience where adolescents are learning about sex, sexuality, values, beliefs, healthy relationships, sexually transmitted diseases, pregnancy, consent, body changes, laws, respect, identity, and more. It is such an important part of growing up and all these topics should be explored in a safe place with proper education.

School and Sexual Education

Sexual education in Canada seems to differ among provinces. Some provinces have the option that parents can opt their kids out of this important learning experience (Davies et al., 2021). Davies et al. (2021) also share that there is no standardized approach to sex education in Canada. The different curriculums seem to focus on neurotypical adolescents as opposed to autistic adolescents. Educators have insufficient instruction and lack appropriate training on addressing sex education for autistic adolescents (Davies & Kenneally, 2020). Provinces vary on what their curriculum consists of, and it seems sex education is neglected when it comes to considering ASD individuals learning styles (Davies & Kenneally, 2020). This does not mean that there are not some schools that are doing an effective job at including different learning styles (Davies et al, 2021). It does mean that Canada's education system in general needs to look at their sex education curriculums and make some important changes to be more inclusive.

Many sexual education programs for people with ASD are more heavily focused on biological content, safety, and self-awareness as opposed to personal sexuality and relationships (Sala et al., 2019). British Columbia, Ontario, and Quebec have more updated curriculums while Newfoundland, Labrador, and Northwest Territories curriculums date back to 1995 (Davies et

al., 2021). Parents can also exempt their ASD and neurotypical kids in Ontario and Alberta from sex education up to grades eight and nine.

Sexual education programs within school systems, in general, are struggling to meet the needs of a diverse student body. Students with ASD are just one of many. Canadian sex education programs that include non-cisgender and heterosexual approaches are still being developed (Bialystok, 2019). These approaches being included into the Canadian curriculum can help to deconstruct assumptions about sexuality, gender identity, and gender norms and how these affect autistic adolescents (Davies et al., 2021). Breaking down stereotypes in a controlled, group education setting, can help the needs of all students with ASD and without.

In general, there is also a need for better education in schools to help improve social and communication skills of those with special needs. This is an important topic for health professionals to be aware of, especially therapists. Counsellors in the school system need to be aware of different ways that autistic adolescents communicate and learn. They should also be aware of the disadvantage these individuals are currently at when it comes to sexual education and how to navigate romantic relationships. Lack of training and little information seems to hold educators back from properly addressing sexual health with these adolescents who are entitled to the education (Stanojević et al., 2020). If they were able to properly address issues and have adequate sexual education, then it seems there would be a positive change and it would help to reduce what Stanojević et al. states as “problematic behaviour” (2020). With proper education, the behaviours that society has deemed as inappropriate may decrease or may never happen in the first place.

Social Media and Television

Autistic adolescents may turn to social media and television to educate themselves on sexuality. There is easy access to media in people's homes, at school, in libraries, and at friend's houses. The internet may not be the best educational tool. If adolescents do not have a basic understanding from sex education in schools or from family, then they may believe what they see on the internet to be true to what is appropriate in a romantic relationship.

Recently, romantic interests of people with ASD started to be acknowledged by clinicians and families, but prior to this people with ASD were having to navigate this on their own without proper education and support (McNaughtan, 2017). The public has also become more interested in relationships involving people with ASD (McNaughtan, 2017). Shows on Netflix like 'The Good Doctor' and 'Love on the Spectrum' have become popular shows watched by many (O'Clery, 2019-2021). Thanks to these shows, people with ASD are being seen as people who want and crave the same things as their neurotypical peers. Viewers are getting to see their hopes, dreams, struggles, fears, and accomplishments. In 'Love on the Spectrum', a relationship educator comes into their homes to help teach social skills for dates and to teach appropriate questions and discussion topics. The educator practices with the participants to help make them feel more comfortable for their upcoming dates. The parents are also involved a lot of the time so they can see how they could continue this practice with their children. It is important to note that though seeing different media, people can take in false, valid, or exaggerated perspectives about realities and misrepresentations of ASD (Maich & Belcher, 2014). Television and media are not always accurate. In many reality shows, people are being made to go off a script. This means that possibly, not everything someone with ASD on television is saying or doing, is completely accurate.

Parents

Parents can be an important resource for sexual education. Results from McNaughtan's (2017) study showed that 68% students with ASD would go to their parents for information on romance and 18% would go to their chaplain. This contrasted largely with their neurotypical peers who all said they would go to their friends. This is a time in an adolescent's life where most people this age are relying on friends and older siblings to navigate romantic relationships and sexuality. Many parents may not feel comfortable talking to their kids about these subjects as they themselves may not be educated enough. Parents and professionals working with these adolescents need to make sure that they are given adequate tools to help them navigate the relationships.

A common misconception for parents is that if autistic adolescents are being taught sexual education that they may engage in more sexually inappropriate behaviours that they did not know about before (Lahijanian, 2019). This could cause more concern and worry for parents as they might think their children are being exposed to more information that could get them into trouble and label them as sexual deviants. The truth is that if they are not given sexual education then they might not learn what is right and what is wrong and will continue to engage in sexually inappropriate behaviours.

As mentioned previously, it seems that many neurotypical adolescents rely on peers and media to learn about sex education while autistic adolescents rely on parents and caregivers (Corona et al., 2015). In Corona et al.'s (2015) study, they examined eight autistic adolescents, and their parents who were involved in a six-session program that would help to give them education on relationships and sexuality. The participants included two females and six males all between the ages of 12-16. Four of the adolescents had a diagnosis of Pervasive Development Disorder- Not Otherwise Specified, three had Asperger's syndrome, and one had autism.

Participants needed to be able to participate and communicate in the group setting. This study excluded adolescents who had severe behavioral issues. Parents gave information on their child's behaviour, discussion topics regarding sexuality and relationships that they have had with their children, and parent satisfaction with the program. The adolescents were given questionnaires. Visual schedules were used to help lessen anxiety and challenging behaviours. The results from this study showed that a sexuality education program for parents and their children is possible and sufficient. The study also showed increased parent and child communication and decreased parental worry about sexuality and relationships. Parents ended up feeling satisfied with the education they received and felt it was also beneficial to their kids and larger family systems. This shows how important it is that the caregivers in these adolescents' lives are also being educated on how to teach and talk to their children about these important life changes. Although there were some limitations to this study, which included a small sample size and changing educational practices, this study shows important findings around educating parents (Corona et al., 2015).

Parents may feel more comfortable having these conversations with their kids if they knew they were already learning things at school. The school could also send the parents what their child is working on. Numerous pediatrician's report that pediatrician and parent discomfort mixed with a lack of training leads to sexuality not being discussed with patients with ASD (Holmes & Himle, 2014). Since autistic adolescents work with different types of specialists, it is important for everyone to work together to help educate adolescents (Chan & John, 2012). Another obstruction included a lack of interest from children with ASD and feeling embarrassed. This embarrassment might lessen once they start learning in a safe environment with educators who are confident and can adapt to different learning styles.

Some parents have a hard time educating their autistic adolescents on sex as they feel embarrassed or may believe that their child is not even thinking about sex. It is often left up to parents to educate their children on relationships and sexuality (Corona et al., 2015). One study found that parents were worried their children with ASD might live a lonely life, felt unprepared to educate their kid on sexuality, and they felt their children had issues understanding boundaries, privacy, and personal space (Nichols & Blakely-Smith, 2009).

Despite what some parents of autistic adolescents might choose to believe, being sexually active is a possibility for many of these youth. Indeed, May et al.'s (2017) study highlighted the importance of sexual education as their results showed that some autistic adolescents are having sex by the age of 14 years old. May et al. used participants from a longitudinal study of Australian children. They studied 94 autistic adolescents all 14 or 15 years old. There were 73 males and 21 females. They looked at sexual behaviour and attraction in these adolescents. 14 years old is not an unusual age for beginning to have sex, but for an adolescent with ASD it can be harder to navigate emotions, consent, and sexual safety. Autistic adolescents should be educated on boundaries, birth control, where sexual health clinics are located, what happens if one partner gets pregnant, and everything else that may come with having sex.

It is also important for future educators to be aware of the diversity of sexual attraction that autistic adolescents may have and make sure that programs are not just tailored to being attracted to the opposite sex. If parents can be educated on sexuality and relationships pertaining to children with ASD then this can help to fill in the gaps where our school education system is failing (Corona et al., 2015).

There needs to be more education and appropriate programming on romantic relationships to help autistic adolescents navigate this important part of life. Having

programming where parents and their children can work together through sessions on different sexuality and relationship topics would be beneficial, as suggested and supported by Corona et al. (2015). This would help to educate both and help to make parent and child feel more connected and understood. The programs would not only just help improve knowledge but also enhance adolescents' abilities to apply the new skills and knowledge that they learn from the programs.

Current Approaches to Teaching Sex Education to Autistic Adolescents

This period in an adolescent's life is highly dependent on social skills and education (Chan & John, 2012). Adolescents need social skills to help manage new relationships, peer pressure, unfamiliar sexual feelings, and romantic urges (Chan & John 2012). One highly effective approach is creating social stories that involve social narratives and photographs to help adolescents understand a specific social situation (Graetz et al., 2009). A social story is a story that is developed to help people with ASD understand a situation more clearly. These stories can be made with pictures that the educator has put together and has created a story. The individual with ASD could also help to pick out pictures or take pictures of themselves doing something as this could help them to remember and reinforce action. Social stories are read and gone over multiple times and as often as needed to help the person practice and remember.

Another tool that can be used when teaching autistic adolescents about romantic relationships is video modeling. This is where an adolescent watches a video where people or themselves are modelling appropriate social skills (Chan & John, 2012). Many autistic adolescents can have a difficult time focusing on something and this type of stimuli can help them to focus, and they might want to keep re-watching the video which ends up benefiting them as the chances of them remembering the appropriate behaviours is higher. These techniques and

tools are used to help with anxiety and understanding topics. It would be important to emphasize safety and consent with these tools.

Sexual education for all types of adolescents needs to be revised. Research has shown that traditional sex education is not leading to an increase in sexual awareness for autistic people as compared to typically developing individuals (Hartmann et al., 2019). Autistic adolescents have reported negative experiences from mainstream sexual education, and this helps to show that more unique sexual education and romantic relationship programs geared towards individuals with ASD would be beneficial (McNaughtan, 2017). These types of programs would help adolescents to feel more aware, confident, improve their overall well-being, decrease rates of victimization, and decrease inappropriate sexual behaviours.

Sexuality education can prevent negative health outcomes, provide knowledge and skills, and can create a safe learning environment (Action Canada for Sexual Health and Rights, 2020, as cited in Davies et al., 2020). Socially negative behaviours may decrease, and autistic adolescents may feel more comfortable asking their parents or caregivers questions about sex. They may learn the skills to be able to have these conversations. They can also learn skills around pursuing relationships and knowing when something feels off.

Individuals with ASD's voices are not being heard when it comes to sex education debates in Canada (Davies & Kenneally, 2020). From a medical model, society is still viewing these adolescents as asexual. Although literature shows having a low interest or sexual attraction is disproportionately represented, no studies have been done to investigate the relationship between asexuality and autism extensively (Attanasio et al., 2022). It seems some of society in Canada still sees people with disabilities or mental health disorders as not having the same wants and needs as neurotypical people.

Conclusion

Chapter two of this capstone highlights the need for and importance of proper sex education for autistic adolescents. It gave an overview of the risks that could take place if children and youth are not learning this important information. It also showed the importance of having peer friendships and romantic relationships. The next chapter will provide some ideas on how to education autistic adolescents on sex education. It will also include the importance of checking for understanding to make sure that autistic adolescents are taking in, processing, and understanding the information.

Chapter 3: Discussion, Recommendations, and Conclusion

This capstone project is foremost because it shines light on the importance of sex education for autistic adolescents. Many autistic adolescents learn and take in information differently than their neurotypical peers. This means that sex education for this population needs to be continuously altered to best serve the autistic adolescent learners. I explored how autistic adolescents could be better supported and educated around sex health, what the current methods and approaches are within this area, what the current influences are, what the issues and challenges specific to neurodiverse adolescents are and how are these needs currently being considered and addressed, what the main gaps are around sexual health education for autistic adolescents, and what could be done to address the current state of education around sexual health for autistic adolescents.

In the chapter two literature review, I reviewed a number of considerations around sex education and autistic adolescents. I discussed what autism spectrum disorder is and how it affects adolescents. I explored how these individuals are being educated, who they are most likely to go to for advice, parental and caregiver concerns, social navigation, the medical model vs the neurodivergent movement, romantic relationships, and sexuality in adolescence. I took away some important findings from the research on sex education that helped shape my recommendations. The first important finding was that there is limited access to comprehensive sex education for autistic adolescents. It seems that autistic adolescents are receiving inadequate sex education compared to their neurotypical peers and many reported struggling to understand sex education (Davies et al., 2021). It seems they might be lacking information on topics such as consent, puberty, boundaries, contraception, relationships, and hygiene. They might hold

misconceptions about different aspects of sexuality like social norms, and what is appropriate and inappropriate in romantic relationships (Sullivan & Caterino, 2008).

Another key finding that I took away from my research was how challenges with social communication can lead to difficulties with social skills, interpreting verbal, and nonverbal cues, understanding social contexts, and recognizing signs of interest, consent, or inappropriate behaviour (Davies et al., 2021). These can all hinder the ability to navigate sexual relationships effectively. Another major finding was that autistic adolescents are at a higher risk of abuse and victimization. They may be more vulnerable due to the above noted difficulties, challenges in assertiveness, recognizing boundaries, and they may have a hard time understanding manipulative behaviours (Dekker et al., 2017). Autistic adolescents might also struggle communicating incidents of abuse to their caregivers or a safe person.

From my research, it was also apparent that autistic adolescents benefit from inclusive, supportive learning environments that have tailored sex education programs. These programs provide visual aids, social stories, and explicit instruction that helps them to understand the information effectively (Graetz et al., 2009). Another key finding is that there is a need for individualized approaches as every adolescent is different. Sexual education programs should consider their sensory sensitivities, unique learning styles, and cognitive abilities (Davies et al., 2021). It seems that approaches that focus on concrete, practical information, repetition, and visual supports are often helpful.

A major theme that I noticed was the importance of involving caregivers in the sex education process. It seems many parents are uncomfortable with sex education for different reasons. One major reason was that they did not seem to feel equipped on how to deliver sex education. It is crucial that parents or caregivers are involved in this process as they play a

significant role in providing ongoing support, guidance, and reinforcement of learned skills and concepts (Corona et al., 2015, Holmes & Himle, 2014; McNaughtan, 2017). Since many autistic adolescents go to their parents or caregivers for advice before other sources, this shows how important it is that caregivers are involved in the process.

Since it is 2023, it is important to address gender and sexuality diversity in sex education curriculums. Sex education for autistic adolescents should be inclusive of all gender identities and sexual orientations (Davies et al., 2021). It should be biased and outdated. It is important to create a safe space for autistic adolescents to feel accepted, heard, valued, and comfortable. The space should respect and acknowledge individual differences.

My findings from chapter two highlight the importance of providing and tailored sex education to autistic adolescents. Sex education should focus on addressing autistic adolescents' specific needs, promoting self-advocacy, building social skills, teaching boundaries and consent, and fostering healthy relationships. Collaboration among educators, healthcare professionals, and parents/caregivers is essential in supporting the sexual well-being of autistic adolescents.

I recently went back to work after being off for almost a year. I came back and began working with an eleven-year-old autistic boy who can only say up to three words at a time. I began feeling frustrated as communicating with him was hard for myself and for him. I could tell he would get frustrated when I wasn't understanding what his needs were. I quickly began using visuals, timers, social stories, and adjusted the way that I worked with him. This client has helped me to write this final chapter as I am once again reminded how important it is that I adjust my work style with adolescents who have different needs such as autism. I wanted to end this capstone project with some inclusive ideas, recommendations, and tools that could be helpful for

educators, caregivers, teachers, and professionals to use in their work on sex education with autistic adolescents.

Recommendations

The reason I wrote this capstone was to explore ideas around teaching tools that could be beneficial to helping autistic adolescents understand the concepts of sex education. My hope was to bring my experience into this chapter as I have years of experience working with neurodivergent children and youth that have struggled learning in a neurotypical environment. A one size fits all approach will not work for autistic adolescents and these individuals will need different teaching strategies (Davies et al., 2021). I wanted to see how autistic adolescents could be better supported around sexual health. I think it is important for educators to be aware of the different types of tools that could be useful when working with autistic adolescents. With the research I did, combined with my own personal experience, I will discuss some important teaching tools in this chapter.

Sex education for autistic adolescents should include concrete topics and involve plans for teaching each topic. It would be important that topics include biology and reproduction, hygiene and health, self-protection/self-advocacy, and relationships (Hartmann et al., 2019). These are all important topics that should be included and that autistic adolescents have the right to learn and understand. I believe that through Applied Behaviour Analysis, which is a current method in this area, autistic adolescents could have the opportunity to be able to learn and understand sex education material. Applied Behaviour Analysis helps autistic adolescents learn social skills, increase positive replacement behaviours, increase communication skills, and to learn about sexuality and sexual health (Warner et al., 2022). Some principles of Applied Behaviour Analysis include video modeling, visual strategies, and social narratives around

challenging behaviour and sexual situations (Wolfe et al., 2009). These tools can help to address the gaps in sex education and can help richen the current state of sex education in Canada. I will discuss some of these strategies in the next sections and why I believe them to be efficient teaching tools for autistic adolescents.

Visuals and Social Stories

Visual tools have been the most useful tool for me when working with autistic adolescents. I have used them to create daily schedules for youth in my work unit. There are also visual directions on how to brush teeth and shower that are put up in all the kids' bathrooms. They have also been useful for when kids have been escalating and require non-verbal directions. Staff can point to a picture of a direction to first sit on a bean bag then second to take five deep breaths. It seems that visuals have been helpful for autistic adolescents that I have worked with who have a hard time following verbal directions or even understanding what I'm saying at all. I know when I use visuals and words that my clients can understand better as there is a picture attached to the words. With my experience, it makes me wonder how well an autistic adolescent will be able to learn about sex education. In my opinion, there needs to be visuals involved. Visual tools for sex education should include concrete and visual materials like schedules and checklists that will help support instruction (Davies et al., 2021).

Another useful visual that I heavily rely on in my workplace is social stories. Social stories are used to help our kids understand situations, lessen their anxieties, and it helps us to see if they understand concepts. Visual processing is a relative strength for many autistic adolescents (Wolfe et al., 2009). We make visual stories for new outings, going to the gym, going to the bathroom, family visits, going to the doctor's office, and more. A lot of these things can cause a great deal of worry and anxiety for my clients. Some of them come from small

northern communities and have never been to a pool before. Typically, when my clients get overly anxious, they have a high tendency to escalate. When they escalate it can put them in danger and my role is to keep them safe. Practicing social stories and going over them multiple times before a new outing is helpful and lessens the chances of an escalation and seems to lower their anxiety.

Social stories could be an excellent tool when teaching sex education to autistic adolescents. Allowing sufficient opportunities for review and repetition can help to increase knowledge and build skills (Davies et al., 2021). Slowly going over social stories and pausing to let kids ask any questions has also been helpful for me. I have learned to talk slower and give breaks and pauses encase my clients have questions or are not understanding. We will go over social stories multiple times until the staff and myself feel that a client is understanding it. We can usually tell that they are understanding by noticing if their anxiety is going down and if they are able to answer questions related to the social story or concept. Repetition is important as it seems that many autistic adolescents may also have slower processing speed and might not be able to remember after looking at a story once. It would also be beneficial to make a binder where autistic adolescents can look back on social stories and lessens that they have learned.

Video Modelling and Role Playing

Video modelling and role playing can be useful tools when educating autistic adolescents on sex education topics. Video modelling involves using video footage of different scenarios that help to teach and target behaviours (Wolfe et al., 2009). Educators can watch the videos with the adolescents and create a safe place for autistic adolescents to be curious and ask questions. Videos can be rewatched if the youth is having a hard time understanding or needs more practice in certain areas. It seems like watching videos first could be a good start to ease some anxiety

before going into role plays with educators. Youth can watch scenario role plays on the video and this could help them to feel more at ease when practicing with their teacher or guardian.

Role playing seems to be important when it comes to educating autistic adolescents. Role playing seems to allow for making mistakes, pausing, and asking questions, and it helps to increase their social skills, safety skills, and awareness. The educator can give them different words or phrases to use when talking to peers and they can practice this. It seems like role playing would help to decrease inappropriate behaviours, anxiety, and help autistic adolescents to communicate better with their peers. It would also help them to learn how to take the first steps in starting a relationship or asking someone out on a date. Role playing seems like it could be useful for all different types of scenarios. It acts as another teaching style method to help autistic adolescents learn and take in information regarding sex education.

Peer Groups

Something that could be beneficial, after having had some one-on-one educator time, could be transitioning to peer groups. Chow et al., posit that one potential intervention to help adolescents' social competence could be through peer group interactions that are arranged (2015). These groups could help to promote new relationships and the social tools to do this. It seems like peer groups could help autistic adolescents feel less alone and could help connect them to other autistic individuals. This could help to create a community for them and a safe place to talk about sex and puberty. Role playing could also be practiced in these groups. Educators would be there to help navigate the role playing and intervene or add suggestions when needed. It seems like peer groups could even be more motivating for autistic adolescents who do not feel comfortable with just one adult. One focus of the group could include fostering strong peer relationships by developing social competence in the group to help fight depression

and loneliness (Chow et al., 2015). Interventions could also help them to feel more comfortable knowing that others are going through similar things and have similar thoughts and questions as them.

Summary

I wanted to highlight important tools that could be used in sex education for autistic adolescents. It seemed like many of the studies that looked at sex education for autistic adolescents involves their caretakers' voices as opposed to their own. I wanted to research to see if autistic voices are being heard and valued when it comes to sex education. I wanted to see what tools and methods are currently being implemented when teaching autistic adolescents about sex education. The hope was that I could highlight the ones that seem to be working well and add my input. I used ideas from my research in the chapter two literature review as well as my own personal experiences. I have found that all the autistic youth I worked with benefited from social stories, visuals, and role playing. Many of them struggled trying to read on their own and did not seem to understand when I just spoke. When I spoke while using visuals, it seemed to help them understand better. Chapter three was created for the purpose of giving more ideas and tools to help educators, caretakers, and parents. It was also created to show the importance of using different tools as everyone learns differently. It also showed how peer groups could be beneficial to everyone as not only would participants be learning about sex education, but they could also be given a chance to create relationships with peers in the group.

Conclusion

This capstone project looked at how autistic adolescents are currently being educated when it comes to sex education. One major finding, from analyzing numerous articles, was that Majority of present studies on data regarding barriers that autistic adolescents face is limited to

adults (Joyal et al., 2021). It is crucial to have this type of data for adolescents as it can help to form education and training plans to help this population start and maintain romantic relationships. It is also important to advocate for autistic adolescents and to ask them their opinions because it is not okay to not ask. Their voices need to be heard first and sex education programming needs to be tailored to each individual to best serve their learning needs. It is also crucial that educators are checking that autistic adolescents are understanding the material being taught.

My goal in writing this capstone project was to shed some light on the importance of sex education for autistic adolescents. I was inspired by clients that I have had the privilege of working with at my workplace and the lack of education that these clients had on topics like puberty, hygiene, social skills, and boundaries. It seemed that many of these clients struggled in school and had either been kicked out or put in a special education program where sex education was not the priority. It also seemed like majority of their caregivers were not equipped to educate them on topics related to sex. Directing sex education programming towards parents and caregivers would be valuable to sex education programming and should be inclusive of different family backgrounds, cultures, gender identities, sexual orientations, and practices (Warner et al., 2022). Parents are such an important part of the education process for autistic adolescents as many go to their parents for advice and guidance unlike their neurotypical peers (Corona et al., 2015). Since parents play such a large role in these kids' lives, consideration should be given to providing education support for parents of autistic adolescents around sex education. I think it is important that this education also be included yearly in school and that parents can continue to practice it with their kids at home as well.

My hopes and wishes for the future of autistic adolescents is that their voices are heard more, and that sex education starts younger and includes different teaching models like social stories, videos, role modelling, and peer groups. I hope that more of this work starts to happen so that it can decrease negative outcomes and increase positive behaviours and social skills. I also hope that autistic adolescents start to feel less alone, and I think that having peer groups is an amazing way to create safety and friendships. Peer groups could also take a bit of the pressure off parents and caregivers as it is an added support for them. I hope that this capstone project is helpful to even one person that might be struggling with how to teach an autistic adolescent in their life about these important topics.

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